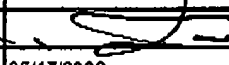


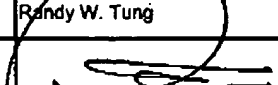
PTO/SB/21 (02-04)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/634,850	RECEIVED CENTRAL FAX CENTER MAY 17 2006
	Filing Date	08/08/2003	
	First Named Inventor	Chih-Cheng Hsieh	
	Art Unit	2614	
	Examiner Name		
Total Number of Pages in This Submission	Attorney Docket Number	92,000-017 (PA-1016US)	

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
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<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.62 or 1.53		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Tung & Associates 638 West Long Lake Road, Suite 120, Bloomfield Hills, Michigan 48302	
Signature		
Date	05/17/2006	

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/634,850
Filing Date	Aug. 6, 2003
First Named Inventor	Chih-Cheng Hsieh
Title	Method and Apparatus for
Art Unit	2614
Examiner Name	
Attorney Docket Number	TOP 304/SMR

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number: **No. 61157**

OR

☐ Practitioner(s) named below:

Name	Registration Number

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/84)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Chih-Cheng Hsieh</i>	Date	May 15 2006
Name	CHIH CHENG HSIEH	Telephone	9263-479517
Title and Company	Manager Private Imaging Inc.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/634,850
	Filing Date	Aug. 6, 2003
	First Named Inventor	Chih-Chong Hsieh
	Art Unit	2614
	Examiner Name	
	Attorney Docket Number	TOP 304/SMR

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number.

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

No. 61157

OR

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/86)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Chih-Chong Hsieh</i>		
Name	CHIH CHENG HSIEH		
Date	May 15, 2006.	Telephone	886-5795317

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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